

Understanding MS Mood Changes

Care Partner Conference Call
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So you live with this?

- Mood changes
 - Depression
 - Anxiety
 - Irritability
 - Pseudobulbar affect or PBA
 - All the above

- “You are in it together-end of story”



Mood Influences Living

- Self-care
- Role performance at home and at work
- Relationships
- Quality of life

How Do You Respond to Mood?

- Hold your breath
- Step quietly
- Let 'em sleep
- Avoidance
- Confrontation that's usually negative
- Getting “sucked in”
- Backlash irritability
- Frustration...crying..sadness



Anxiety/Paranoia

- Hard to understand
- Excessive worry
- Physical symptoms
 - Sleeplessness
 - Eating problems
 - Jumpy/nervous
- Panic
- Uncertainty
- Tendency to limit activities
- Prolonged anxiety can become depression

Good News.
Treatment is very
effective and
Requires both
pharmacological
and non-
pharmacological
therapy

Mood Swings

- May be the hardest to understand and respond to effectively
- May be extreme or even bipolar
- May look like euphoria and depression
- May be irritability, flying off the handle, escalated emotions
- Most common of mood disorders in MS
- Triggers: stress, steroids, fatigue, uncertainty

Depression

- Recognizing it
 - Little interest or pleasure in doing things
 - Flat affect
 - Gaining or losing weight
 - Feeling down, depressed or hopeless
 - Leaking feelings...may lead to alcoholism
- Comes in waves
- Confronting it
- Replace the emptiness- break the cycle
- Burden: Feeling useless; noncontributing.....suicide

Pseudobulbar Affect - PBA

- Disconnect between parts of the brain that express emotion and parts of the brain that control emotion
- Disease of disinhibition
- Uncontrollable laughing and crying
- Occurs in 10%
- May be mild, moderate, severe
- Treatment with medication
 - Nuedexta (dextromethorphan/quinidine)
 - Dopamine
 - Anti-depressants

Grief

- Loss of the future; loss of hope
- Comes with transitions
 - diagnosis
 - relapses
- Normal and healthy expression of loss
- Symptoms
 - anger, anxiety, loneliness, fatigue; sleep; poor appetite; social withdrawal

Grief and Depression...What's What

Grief

- ▣ Experienced in waves
- ▣ Diminishes in intensity over time
- ▣ Healthy self-image
- ▣ Overt expression of anger
- ▣ Transient hopelessness
- ▣ Difficulty experiencing pleasure
- ▣ Responsive to support

Depression

- ▣ Moods and feelings are static
- ▣ Consistent sense of depletion
- ▣ Sense of worthlessness and disturbed self-image
- ▣ Little anger expressed
- ▣ Pervasive hopelessness
- ▣ Difficulty experiencing pleasure
- ▣ Unresponsive to support

What About Your Emotions

- You are experiencing losses; you grieve
- You are to adapt to chronic illness likewise
- You may feel shame at your responses or survival guilt
- Care partners of PwMS are six times more likely to experience depression
- “For better or worse”
 - It's OK if it stays this way, I can handle it and then there is a relapse and after a while I think...It's OK, I've got this...but when is it going to stop”
 - Feelings of guilt and remorse
 - Feelings of anger, frustration, disappointment

Talk About it

- Pick a time when you are feeling especially close
- Maybe don't talk- just act
- Get active
- Join

Care Partner Care

- Take care of yourself
- Exercise
- Meditate
- Relax
- Get out of the house together
- Set aside some “me” time

What can be Done

Release, Respite, Repair, Rekindle

- Break the cycle
- Seek professional help
- Look at your symptoms
- Increase help at home- support physically and mentally
- Schedule respite
- Increase socialization